

18351 U.S.PTO  
032404

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	16869P-111000US
First Inventor	Tsuruta, Susumu
Title	STORAGE CONTROL DEVICE
Express Mail Label No.	EV373592143US

10809540  
032404

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO</b> <small>Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</small>					
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)					
2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small>		8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>					
3. <input checked="" type="checkbox"/> Specification <small>[Total Pages 102]</small> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>		a. <input type="checkbox"/> Computer Readable Form (CRF)					
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <small>[Total Sheets 25]</small>		b. Specification Sequence Listing on:					
5. Oath or Declaration <small>[Total Pages ]</small> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))  <small>(for a continuation/divisional with Box 18 completed)</small> </li> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> </li> </ul>		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper number of pages					
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		c. <input type="checkbox"/> Statements verifying identity of above copies					
<b>ACCOMPANYING APPLICATIONS PARTS</b>							
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>							
11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations							
13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>							
15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>							
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. <input type="checkbox"/> Other:							
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)      of prior application No: _____ Prior application information:      Examiner _____							
For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.							
<b>19. CORRESPONDENCE ADDRESS</b>							
<input checked="" type="checkbox"/> Customer Number		20350					
		OR <input type="checkbox"/> Correspondence address below					
Name <hr/>							
Address <hr/>							
City <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td>State</td><td></td><td>Zip Code</td></tr> </table>			State		Zip Code		
	State		Zip Code				
Country <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td>Telephone</td><td></td><td>Fax</td></tr> </table>			Telephone		Fax		
	Telephone		Fax				
Name (Print/Type) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>Robert C. Colwell</td></tr> </table>		Robert C. Colwell	Registration No. (Attorney/Agent) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>27,431</td></tr> </table>		27,431		
Robert C. Colwell							
27,431							
Signature <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td><i>Robert C. Colwell</i></td></tr> </table>		<i>Robert C. Colwell</i>	Date <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>March 24, 2004</td></tr> </table>		March 24, 2004		
<i>Robert C. Colwell</i>							
March 24, 2004							

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 770)

## Complete if Known

Application Number			
Filing Date			
First Named Inventor	Tsuruta, Susumu		
Examiner Name			
Art Unit			
Attorney Docket No.	16869P-111000US		

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number **20-1430**

Deposit Account Name **Townsend and Townsend and Crew LLP**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	<b>770</b>
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$770)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	10	-20** = 0	X\$18	\$0
Independent Claims	3	-3** = 0	X\$86	\$0
Multiple Dependent		X		

## Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

3. ADDITIONAL FEES			
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

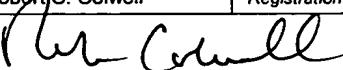
\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Robert C. Colwell	Registration No. (Attorney/Agent)	27,431	Telephone	650-326-2400
Signature				Date	March 24, 2004

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